

BUDGET/TRAVEL AUTHORIZATION**DHHS/DSS State Level Contract Provider**

ACTION REQUESTED:

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Out of State Travel

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In State Excess

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Reimbursement for Non-State Employee

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Tuition

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Revised Request

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Other:

NAME(S):

Travel To:

Date(s) Beginning:

Ending:

Mode of Transportation:

Estimated Transportation Cost: \$

Subsistence Expenses Maximum Per Day: \$

Registration: \$

Tuition: \$

Total Estimated Expenditures: \$

Purpose and Explanatory Remarks:

Requested By:

Date

Contract Administrator:

Date

Section Chief (if required):

Date